

tap water for 30 seconds and highlighting the PB deposits. The gum bleeding index(SBI), the papillary bleeding index(PBI) and CPITN index have also been determined.

Results and discussions: The patients were instructed about the correct brushing technique and after its correct acquisition they were recommended to perform the dental brushing at least twice a day: in the morning and in the evening; as well as the use of some auxiliary means of hygienization consisting of the use of mouthwash, dental floss, etc. After the monthly examinations we have noticed a reduction of the Silness-Loe plaque index but also an improvement of paradontal status.

Conclusions: The correctly performed oral hygiene can bring significant improvements, many times without needing to perform an antimicrobial medicinal treatment.

There is a close connection between the presence of bacterial plaque and the inflammatory process which can contribute to the appearance of paradontopathies. A correct oral hygiene can lead to a reduction of the frequency of the appearance of paradontal diseases till the total healing.

Key words: bacterial plaque, plaque index, dental brushing, paradontopathy.

331. TOTAL AND EXTENDED EDENTATION – THERAPEUTIC APPROACH

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The purpose of the study: Edentation is one of the most serious diseases of the dentomaxilar apparatus, being characterised by the absence of teeth from the oral cavity, a phenomenon that occurs after their eruption.

Material and method: Clinical study of the treatment consisted in the total oral rehabilitation of three patients which presented partial and total edentation, the individual treatments consisted in adjuvant and/or conjunct prosthesis.

Results: Even in the case of resolving the extended edentation, the majority of the patients can feel a state of infirmity because of the mobilisation of their prosthesis, but proper recuperation of the morphology and the functions of the stomatognathic system convinces the patient to undergo mobile therapy. Plans of treatment for improving the functions of the dentomaxilar apparatus follow: educating the patient, showing that the patient understands the necessity of prosthetic treatment, as well as organising it in stages. Therapeutic solutions to the presented situations are: total maxilar and mandibular prosthesis, partial mandibular prosthesis – mobilised with metal hooks, fixed metal-composite on remaining teeth.

Conclusion: Restabilising ADM function is not integral (because of the total prosthesis), the masticatory function being at 1/5 of its capacity. On the other hand, the physiognomic function is restored almost completely, and the phonation adapts rapidly after rehabilitation.

Keywords: edentation, stomatognathic system, mobile therapy, prosthetic treatment.